

**REQUEST FOR TASK ORDER  
INFORMATION AND COMMUNICATION SERVICES (ICS)  
NIH CONTRACTS #263-01-D-0148-0208**

RFTOP #16    TITLE: *“A Needs Assessment to Evaluate the Usability of the NIAAA Physician’s Guide to Helping Patients with Alcohol Problems”*

A.     POINT OF CONTACT:

Name: C. Timothy Crilley

Phone: 301-443-1191

Fax: 301-443-3891

**Proposal and Billing Address:**

Contracting Officer  
National Institute on Alcohol Abuse and Alcoholism  
Contracts Management Branch  
Willco Building, Suite 504  
6000 Executive Boulevard, Suite 504  
Bethesda, Maryland 20892-7003

- B.     PROPOSED PERIOD OF PERFORMANCE: This is a one-year project, beginning on or about September 1, 2001.
- C.     PRICING METHOD: The contract will be a firm-fixed contract. NIAAA estimates that approximately 198 direct labor hours will be needed to complete this project.
- D.     PROPOSAL INSTRUCTIONS: Technical Proposals shall be limited to no more than 25 pages and must be submitted to the POC at the address specified above. Technical and cost proposals shall be separated and submitted with an original and three (3) copies each. In the cost proposal, offerors are required to provide their TIN and DUNS numbers. In addition, offerors are required to provide back-up documentation to support their cost proposal. Offerors must also submit a signed task order form with their proposal. Facsimile and E-mail proposals are **unacceptable**.
- E.     RESPONSE DUE DATE: Proposals are due no later than **12:00 p.m., Local Time, on Friday, August 17, 2001**.
- F.     TASK DESCRIPTION/STATEMENT OF WORK:

## BACKGROUND INFORMATION

The economic costs of alcohol use problems have been estimated to exceed \$148 billion annually. While a significant portion of these costs is attributable to severe alcohol-dependent drinkers, most of the annual costs result from the far-larger groups of at-risk and other problem drinkers. Research has shown that an ideal setting in which to identify and begin to treat these less severe drinkers is the primary medical care system. In 1995, NIAAA first published “The Physician’s Guide to Helping Patients with Alcohol Problems” along with a program of related educational and training materials. The purpose of this program has been to educate and train primary care and other physicians in the most advanced evidence-based methods to assess their patient’s alcohol use, screen for and identify both at-risk and problem drinkers, provide effective brief interventions for the at-risk drinkers, and refer problem drinkers for more intensive assessment and treatment.

## PURPOSE AND ACTIVITIES

After six years of program dissemination, this package of materials is being revised to incorporate the latest scientific evidence on alcohol-use screening and interventions in medical settings as well as the accumulated experiences of medical clinicians in utilizing this program. As part of the revision process, we intend to make the new version as useful as possible to the physicians and other clinicians who are its target audience. A recently convened expert panel advising NIAAA on the revision process has recommended that new versions of the “Guide” first undergo a “usability evaluation” or “pretesting” to improve its physical design and layout. It should then be field tested with a sample of prospective users.

Usability evaluation became important in the late 1970’s as part of the development of the personal computer. The development of systems like Xerox Star and the Apple Macintosh were based in the evaluation of “usability.” Usability was frequently equated with the notion of “user-friendliness” (or the initial ease of use of a system) but more recently with something like Nielsen’s five dimensional definition which included learnability, efficiency, memorability, errors, and satisfaction. (Nielsen, 1993).

Usefulness is often distinguished from usability is that usefulness relates more to new functionality where usability relates more to ease of use, or whether it is easy to learn and use the system or manual. A usable system (or manual) is one which enables users to perform the task that comprise their function more effectively and efficiently.

**Learnability** means that users will require less training if systems or documents are easy to learn and match the way in which they approach their tasks, in this case, treat patients with alcohol problems. **Memorability** means that users will require less training and will be able to return to peak levels of performance more quickly after absences—they will remember how to use the system after some days/weeks of not using it. Other factors which usability evaluation looks at include:

- Error rate—how many and what kind of errors do users make;
- Perceived level of discretion—does the user have a choice of how and whether to use the system;
- How much work users will have to do to learn to use the system or manual;
- User’s retention of learning skills; and
- User’s satisfaction with the system.

## SERVICES TO BE PERFORMED

### A. General Requirements

1. Independently, and not as an agent of the Government, the Contractor shall furnish necessary labor, materials, supplies, equipment and services (except as otherwise specified herein) and perform the work set forth below.
2. The Task Leader and the Program Administrators shall monitor all work under this contract.

B. Specific Requirements

1. Detailed description of the technical requirements.  
The contractor shall answer key questions by engaging the services of experts in usability evaluation who can advise us on key issues of the graphic design and layout of the “Guide” as well as make recommendations on the ancillary materials. The assessment shall be part of the development process, after initial content is completed but before the content and format is finalized.

The key questions to be addressed are:

- 1) How can the Guide be best adapted for clinicians to use as a routine part of their clinical protocols?
- 2) What design features (e.g. type fonts, layout, page size, document length) make the “Guide” most easy to read and understand? (e.g. memorability, learnability, and user satisfaction)
- 3) What ancillary materials can be most useful for distribution to patients and their families?

Second, the contractor shall field test several near-final versions with nine physicians that would be potential users of the “Guide” and conduct in-depth interviews to obtain their opinions on its usability. Because they will only contact nine nonfederal employees, we will not be required to obtain clearance from the Office of Management and Budget. Information provided shall be analyzed and prioritized. Third, the contractor shall prepare a detailed report with a summary of the results. This report will be used by NIAAA staff in determining what the revised “Guide” will look like.

The contractor shall find a diversified group of physicians in the variety of different kinds of medical practices, including a solo practitioner, someone from a large group practice, a rural practitioner, an urban doctor, a fee for service physician, and a mix of men, women and different ethnic groups.

2. Subordinate Tasks or types of work  
The following is a list of required tasks for completion of this contract. The tasks are listed sequentially; however, several tasks may be conducted

concurrently and some may be continued throughout the entire contract period.

**Specifically, the Contractor shall:**

**Task 1. Develop a work plan to clarify the objectives of the contract, and develop draft interview questions, using the key questions as the basis.** The contractor shall meet with the Project Officer and other NIAAA staff to present a draft work plan, clarify the objectives of the work, and develop a draft of interview questions. This meeting shall occur within one week of contract award.

**Task 2. Review the 1995 edition of the Physicians' Guide, the revised draft of the 2001 edition of the Physicians' Guide, and existing literature on usability evaluations of similar documents.** The contractor shall have access to any relevant data, documents, and materials that NIAAA has available. The contractor shall review all existing data sources such as Web sites, documents, clearinghouses, and literature available through MedLine, bibliographic sources or databases regarding other usability studies of similar documents.

**Task 3. Identify Nine Physicians and Develop Final Interview Questions.** The contractor shall meet with the Project Officer to consult on the identification of nine physicians, who might be clinic directors, hospital administrators, private fee-for-service physicians, rural or urban physicians, of different genders and ethnic groups, solo practitioners or in a group practice. At this meeting the final list of key interview questions should be presented for approval. Questions shall answer the following: 1) How can the Guide be best adapted for clinicians to use as a routine part of their clinical protocols? 2) What design features make the guide most easy to read and understand, in terms of type fonts, layout, page size, document length? 3) What other materials can be useful for distribution to patients? 4) What design features make the Guide easy to understand and remember, provide user satisfaction, and provide ease of learning?

**Task 4. Develop confirmation letter to physicians.** The contractor shall draft a letter to physicians informing them of the project and its goals. The Task Leader will approve the draft, and then the final letter will be sent from the contractor prior to conducting interviews. Copies of the revised 2001 Guide and accompanying materials will be sent along with this letter.

**Task 5. Conduct Interviews.** The contractor shall conduct interviews with nine identified physicians and obtain comments and information about the readability, understandability, user satisfaction, memorability, and design of the revised 2001 Guide, and obtain written recommendations for improvements. Additional information sources may be contacted to fill in gaps or clarify individual questions asked of the nine physicians. On-site rather than telephone interviews shall be held if feasible and within budget.

**Task 6. Prepare Final Report.** The contractor shall develop and submit a report summarizing responses to all the key questions concerning the usability of the revised 2001 Guide. The contractor shall include results of literature reviews and data responses in the final report. The report should prioritize needs based on feedback from users. The report shall explicitly address the study objectives and be complete and detailed. The report shall be clearly written and recommendations should be included.

G. DELIVERABLES:

**LIST OF DELIVERABLES AND/OR REPORTS**

All information and materials developed pursuant to this contract are the property of the U.S. Government and fall within the purview of the Freedom of Information Act. The contractor is enjoined against unauthorized release of the facts, findings, and written materials from this contract without the expressed, written authorization of the Contracting Officer.

Monthly Progress Report

The contractor shall submit to the Contracting Officer a brief monthly status report within 10 calendar days after the end of each month. The reporting period shall consist of each calendar month. These reports shall include a qualitative and quantitative description of work accomplishments during the period, including a list of all activities, status of each assignment, problems encountered, action taken, planned activities for the upcoming period, individuals responsible for each activity, deadlines, and any problems anticipated during the upcoming period.

For purposes of this schedule, week 1 shall be considered to be the first week after the contract award date.

<u>Task</u>	<u>Description</u>	<u>Due Date</u>
1.	Develop a work plan to clarify the objectives of the contract and develop draft of key discussion questions	End of week 1
2.	Review existing data regarding usability	End of week 3
3.	Identify nine physicians and develop final interview questions	3 weeks after revised 2001 Guide is received from Task Leader
4.	Develop confirmation letter to physicians	5 weeks after revised 2001 Guide is

- |    |   |  |
|----|---|--|
|    |   | received from<br>Task Leader   |
| 5. | Conduct telephone or on site interviews | 8 weeks after<br>revised 2001<br>Guide is<br>received from<br>Task Leader  |
| 6. | Prepare final report                    | 11 weeks after<br>revised 2001<br>Guide is<br>received from<br>Task Leader |

Eight hard copies, along with a copy on PC-compatible diskettes (in Microsoft Word), of each deliverable shall be submitted to the Contracting Officer at the address above.

H. CLEARANCES: All relevant clearances have been received.

I. EVALUATION FACTORS:

#### **EVALUATION CRITERIA**

- | <u>CRITERIA</u>   | <u>WEIGHT</u> |
|---|---------------|
| 1. <u>Understanding the Problem</u>   | 15 Points     |
| <p>Understanding the problem includes the degree to which the offeror responds to the requirements of the Statement of Work. Proposals will be evaluated in terms of consistency with goals, objectives, and purposes, and compliance with program requirements. The proposal should reflect an understanding of the tasks to be performed, including knowledge of what problems are likely to be encountered and proposed means of dealing with such problems.</p> |               |
| 2. <u>Technical Approach</u>  | 40 Points     |
| <p>The technical approach should be delineated in sufficient detail to demonstrate soundness, practicability, feasibility and completeness. The offeror should fully address the aspects of performing each task. The proposal should contain a sound work plan to complete the activities called for in the statement of work and realistic project schedules.</p>   |               |
| 3. <u>Personnel</u>   | 35 Points     |
| <p>The proposal must provide evidence of the qualifications, experience and availability of all personnel. Resumes must reflect expertise with respect to proposed responsibilities for the required tasks. Letters of commitment must be included in the proposal for all (consultant) personnel not currently employed by the offeror. A staff-loading chart that describes the proposed staff time must be included in the proposal.</p>                         |               |

4. Corporate Capabilities

10 points

The offeror must document the corporate capabilities that are key factors for achieving the required project objectives. Documentation may include a corporate management plan, organization chart showing lines of authority, evidence of facilities adequacy such as information technology capability, and/or other factors as relevant.

**RFTOP# 16 TITLE: A Needs Assessment to Evaluate the Usability of the  
NIAAA Physician's Guide to Helping Patients with Alcohol Problems**

**PART II - CONTRACTOR'S REPLY:**

**TO # NICS-**\_\_\_\_\_ **CONTRACT #263-01-D-0**\_\_\_\_\_

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method:

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: \_\_\_\_\_  
Signature Date

**SOURCE SELECTION:**

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM  
SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_

Appropriations Data: \_\_\_\_\_

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED: \_\_\_\_\_  
FAX # Signature - Project Officer Date

APPROVED: \_\_\_\_\_  
FAX # Signature - Contracting Officer Date

**NIH APPROVAL -**

CONTRACTOR SHALL NOT EXCEED THE TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL  
OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: \_\_\_\_\_  
Signature -Anthony M. Revenis, J.D., NIH-ICS Coordinator Date